



Clinical Congress News

The American College of Surgeons • 82nd Clinical Congress • October 6-11, 1996 • San Francisco

David G. Murray becomes ACS President tonight

David G. Murray, MD, FACS, an orthopaedic surgeon from Syracuse, NY, will be installed as the 77th President of the American College of Surgeons tonight during Convocation ceremonies that conclude the annual Clinical Congress. Dr. Murray is professor and chairman of the department of orthopaedic surgery at the State University of New York (SUNY) Health Science Center, Syracuse.

Dr. Murray was born on July 1, 1930, in Ames, IA. He graduated from Ames High School in 1948, and attended Cornell University in Ithaca, NY. Dr. Murray earned a medical degree from Washington University School of Medicine, St. Louis, in 1955.

Dr. Murray served a rotating internship at Vancouver General Hospital, Vancouver, BC, from 1955 to 1956. Following his internship, he served from July 23, 1956, to January 1, 1958, as a lieutenant, MC, in the United States Navy. Dr. Murray then served as assistant resident in general surgery at SUNY Health Science Center, from 1958 to 1959, followed by a residency in orthopaedics at the State University of Iowa, Iowa City, from 1959 to 1962. He attained certification from the National Board of Medical Examiners in 1956 and was named a diplomate of the American Board of Orthopaedic Surgery in 1965. Following the completion

of his surgical training in 1962, Dr. Murray joined the faculty of SUNY as an assistant professor of orthopaedic surgery. He became an associate professor of orthopaedic surgery at SUNY in 1966 and has served as a professor of orthopaedic surgery at the medical school since 1969. Dr. Murray assumed his current position of chairman of the department of orthopaedic surgery at SUNY in 1966.

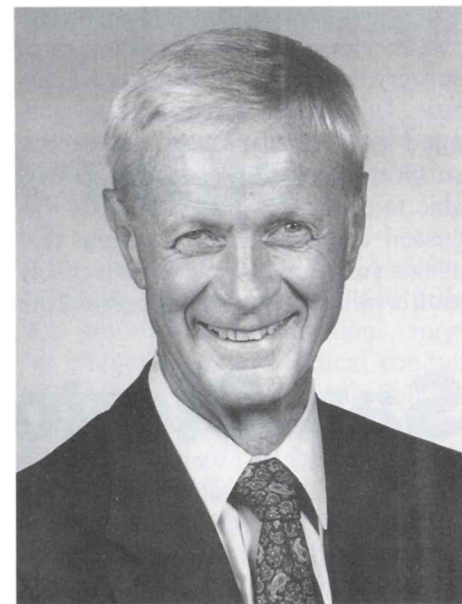
Dr. Murray became a Fellow of the American College of Surgeons in 1966. Since that time, he has served the College in various capacities. He served as a member of the Physician Reimbursement Committee from 1985 to 1995; a member of the Graduate Medical Education Committee from 1990 to the present; chairman of the Scholarships Committee from 1988 to 1990; president of the Martin Memorial Foundation from 1990 to 1993; a member of the Board of Regents from 1985 to 1994; and Chairman of the Board of Regents from 1993 to 1994. In addition, Dr. Murray has been awarded memberships in numerous academic, regional, national, and international medical associations and societies, and he has held leadership positions with many of these groups. He has been the president of: the executive committee, Medical College Assembly, Upstate Medical Center (1970-

1971); the American Academy of Orthopaedic Surgeons (1982-1983); the Knee Society (1988-1989); the Orthopaedic Research and Education Foundation (1988-1991); Patients Choice, Inc. (1989-91); and the Onondaga County Medical Society (1992-1993). Dr. Murray has served on the editorial boards of several medical journals, including the *Journal of Bone and Joint Surgery*, *Clinical Orthopaedics*, *Journal of Surgical Research*, and the *Orthopaedic Survey*, in addition to authoring and co-authoring more than 45 scientific and medical publications. Throughout his notable career, Dr. Murray has received many service awards, including the Distinguished Service Award from the Association for Academic Surgery in 1976, and the Distinguished Service Professor from SUNY Health Science Center in 1989.

Dr. Murray and his wife, Judith M. Sayles, reside in Syracuse, NY.

Other officials to be installed tonight are Robert E. Hermann, MD, FACS, Cleveland, OH, as First Vice-President, and Arthur H. Aufses, Jr., MD, FACS, as Second Vice-President.

Dr. Hermann is emeritus consultant and past chairman of the department of general surgery at the Cleveland (OH) Clinical Foundation. He has been a Fellow of the College since 1964, and has served as Chairman of the Board



Dr. Murray

of Governors (1985-1987) and as Chairman of the Committee on Development (1988-1994). He is the 1994 recipient of the ACS Distinguished Service Award.

Dr. Aufses is professor and chairman of the department of surgery at The Mount Sinai Medical Center, New York. He has been a Fellow of the College since 1959 and has served as Chairman of the Governors' Committee to Study the Fiscal Affairs of the College (1988-1990) and as Secretary of the Board of Governors (1989-1990).

Ethicist examines "that which has unified us"

"Today we are confronted with a puzzling circumstance...a state of metamorphosis," according to renowned ethicist and philosopher Edmund D. Pellegrino, MD. At yesterday's Ethics and Philosophy Lecture, "Medical Ethics in the Third Millennium: The Crisis of Integrity," Dr. Pellegrino explored the foundations of medicine, or "that which has unified us," and predicted how this foundation may fare in the near future. Dr. Pellegrino is director, Center for Clinical Bioethics, and John Carroll Professor of Medicine and Medical Ethics, Georgetown University Medical Center, Washington, DC.

Dr. Pellegrino illuminated a number of challenges to the foundation of the profession that have led to the current

state of flux and confusion about the fundamental ethical orientation of medicine.

One of the challenges to medicine, he said, is the erosion of the Hippocratic ideal, an ideal that many leading ethicists believe is passé, Dr. Pellegrino said. The oath, he continued, includes the valuable notions of duty and virtue, religious values, and noblesse oblige. In addition, Dr. Pellegrino said, the oath provides common precepts for a moral community of professionals. Today, many people only identify the oath with a "do no harm" interpretation, which Dr. Pellegrino said is reductive.

From this secular, atomistic view, Dr. Pellegrino said, we are witnessing a dissolution of the foundation of the ethics of medicine.

Another, and obvious, challenge facing medicine, he said, is the dominance of economics. Dr. Pellegrino told the standing room-only crowd of physicians that economics was appropriately defined in antiquity by Aristotle as "housekeeping." Good housekeeping is necessary, but the difference is made in the *kind* of housekeeping one performs, Dr. Pellegrino said.

Dr. Pellegrino said that the ethos of the marketplace do not belong in medicine, and reminded the audience that "the marketplace is not an ethically driven entity." This Hobbesian institution in the medical community, he concluded, can result in divided loyalty, fiscal self-interest, and moral complicity.

Another vexing challenge facing the moral foundations of medicine, said Dr.

Pellegrino, is the absolutization of autonomy. He then traced this idea from the right to refuse care (a morally defensible right that was established early in this century, Dr. Pellegrino said), to the right to participate, the right to select treatment, and finally to today's perceived right to demand treatment. Dr. Pellegrino said that the perceived right to demand treatment as an expected liberty potentially harms third parties, as posited a century ago by John Stuart Mill.

Dr. Pellegrino also deemed as problematic the ethics of "team care," of which he asked, "How do you get something done when there is often such a contretemps of views?"

In analyzing options for the future,

(continued on page 4)

Cost-efficiency remains key for surgeons

A general session convened yesterday morning to consider the increasing importance of measuring and controlling surgical costs from the perspective of the surgeon, the hospital, and the managed care provider.

Anthony Andrew Meyer, MD, FACS, served as moderator for the session, and noted that cost-efficient surgical care "has become the 'Holy Grail' of health care, but doesn't take into account the quality of patient care."

The surgeon's perspective was provided by Edward D. Verrier, MD, FACS, vice-chairman, department of surgery, University of Washington, Seattle. Dr. Verrier noted that the managed care environment makes the surgical specialties especially vulnerable to cost control measures. He discussed components of a system that allows surgeons to practice effectively in this milieu: (1) a willingness on the

part of physicians and nurses to change procedures or traditional ways of doing things, (2) careful analysis of cost centers (such as intensive care units, emergency rooms) throughout pre-, peri-, and postoperative care, (3) definable end points with continuous quality improvement, (4) accurate cost analysis systems, (5) an appropriate database system—crucial for marketing, contracting, and reporting, (6) ongoing education of staff, and (7) the avid promotion of teamwork. "Ultimately, the responsibility for determining cost-efficient surgical care must rest with the surgeon," Dr. Verrier said.

The hospital's perspective was provided by Robb H. Rutledge, MD, FACS, associate dean, quality outcomes improvement, University of North Carolina, Chapel Hill. Dr. Rutledge outlined short- and long-term goals that hospitals are now using to increase cost-efficiency. Short-term goals involve cutting

costs through the use of large patient databases that can amass, assess, and interpret patient information to determine the optimal utilization of resources. Long-term goals address the development of a "decision support" system that facilitates the provision of the best quality of care at the lowest cost, he said.

Dr. Rutledge described a methodology for an internal review of treatment and length of stay costs to assess opportunities for improvement and provided examples of its use in the hospital. "Data-driven approaches to charging practices and comparisons with national and local benchmarks can result in significant cost savings," Dr. Rutledge said.

The managed care perspective to cost-efficient surgical care was presented by William Likosky, MD, director of quality utilization, Kaiser Permanente, Santa Clara, CA. He described the structure and organization of Kaiser Permanente,

which manages over \$4.5 billion in medical care annually.

Dr. Likosky defined clinical effectiveness as (1) the improvement of delivery of preventive services, and (2) the improvement in diagnosis and treatment of medical conditions in a timely manner.

Key elements in the assessment of health care, according to Dr. Likosky, include reliable methods to measure: intermediate outcomes of care (such as mammographies), direct outcomes (such as mortality, stage of diagnosis, and so forth), functional status outcomes (such as activities of daily living), cost of care outcomes across the medical continuum, and patient satisfaction outcomes.

"It is a rare instance when improving quality of care through accurate measurement of services does not improve the cost of providing that care," Dr. Likosky said.

San Diego hosts 25th Spring Meeting

The 25th annual ACS Spring Meeting will be held April 5-9, 1997, at the Hyatt Regency San Diego on San Diego Bay in California.

To emphasize its strong commitment to and support of general surgery, the American College of Surgeons devotes its annual Spring Meeting to the interests and needs of the practicing general surgeon.

The Advisory Council for Surgery has planned a program for the 1997 Spring Meeting, The Practicing Gen-

eral Surgeon in the 21st Century, that will be of interest to all general surgeons. Postgraduate courses in "Image-Guided Breast Biopsy" and in "Ultrasound for the General Surgeon" will give hands-on introductions to these new and useful technologies that are becoming necessary tools for the modern general surgeon.

The Assembly for General Surgeons on Sunday, April 6, will focus on the changes in practice relationships and lifestyle, scientific advances, evolutions in surgical techniques, and new concepts

in continuing medical education that will face the general surgeon in the 21st century.

Panels on gastroesophageal reflux disease, hernia, and the socioeconomic aspects of maintaining professionalism in practice will be complemented by postgraduate courses in current cancer management, critical care in trauma, minimal access surgery, and vascular surgery. The Film Program, entitled "Best of the 1996 Clinical Congress," and an array of social activities will round out an exciting spring program.

To enhance the educational value of this meeting, more than 50 companies will present products or services that relate to the practice of surgery.

Fellows, Associate Fellows, and Can-



An aerial view of Mission Bay.

didate Group members of the College will be receiving the 1997 Spring Meeting Advance Brochure and registration form in early January. A preliminary program will be published in full in the January 1997 issue of the *Bulletin*. Further registration information may be obtained from Nancy Sutton at College headquarters, 55 E. Erie St., Chicago, IL 60611; tel. 312/664-4050.

Managed care information highway

If you have questions about or are having problems with managed care, be sure to stop by the managed care information booth in the North Lobby of Moscone Center. Sponsored by the College's Socioeconomic Affairs Department, the booth is staffed by a professional managed care consultant from Conomikes Associates, Inc., who will provide a complimentary consultation on managed care issues and problems.

Fellows can also stop by the booth and register for any of the College's managed workshops that are scheduled for 1996-1997.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

Appleton & Lange

Applied Medical Resource

Bayer Corporation/Pharmaceutical Division

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Davol Inc.

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ME 92 Operations

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Clinical Congress News

VOLUME 47 NUMBER 4

Editor:

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Photography: Chuck Giorno Photography

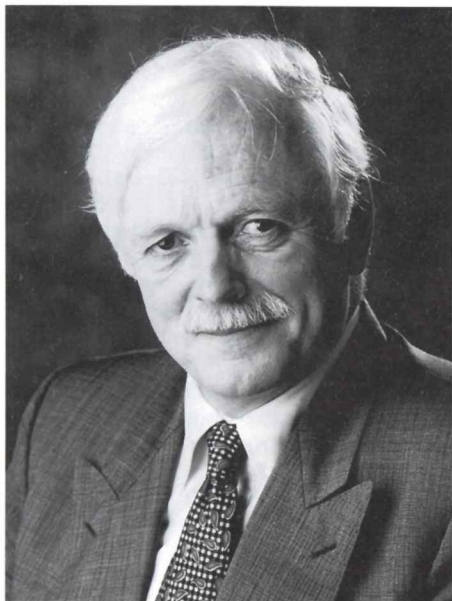
Published daily October 6-11

Office: Room 234

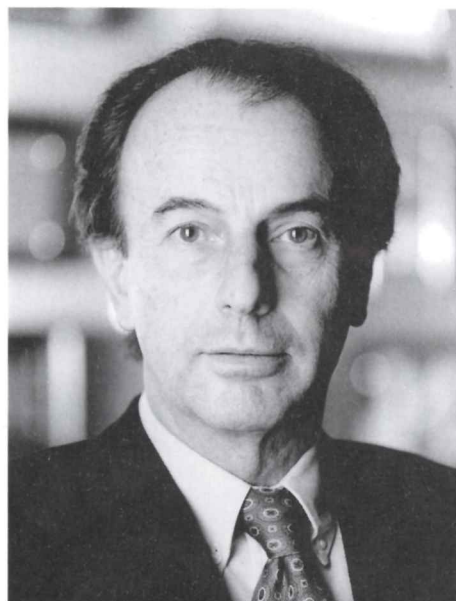
Moscone Convention Center

Phone: 978-3620

Items of interest or information must be reported to the office of the *Clinical Congress News* by 11:30 am on the day preceding the desired day of publication.



Dr. Carter



Dr. Dexeus



Dr. Idezuki



Dr. Tu

ACS awards four Honorary Fellowships

Honorary Fellowship in the American College of Surgeons will be awarded tonight to four prominent surgeons from Scotland, Spain, Japan, and China. The awards will be presented during the Convocation ceremonies that conclude the Clinical Congress. The recipients will be:

Sir David Carter, FRCS (Edin. & Glas.), MBChB, Edinburgh, Scotland. Sir David is Regius Professor of Clinical Surgery at the University of Edinburgh, and honorary consultant surgeon at Edinburgh Royal Infirmary.

Santiago Dexeus, MD, Barcelona, Spain. Professor Dexeus is head of the

division of obstetrics and gynecology at Institut Universitari Dexeus (BCN); and Professor of the Autonomous University of Barcelona School of Medicine.

Yasuo Idezuki, MD, FACS, Tokyo, Japan. Dr. Idezuki is a surgeon at Saitama Medical Center and professor and chairman of surgery at Saitama Medical School.

Gui-yi Tu, MD, Beijing, China. Dr. Tu is professor at Peking Union Medical University and department of head and neck surgery, Cancer Hospital (Institute), Chinese Academy of Medical Sciences and Peking Union Medical University.

Presenting the Honorary Fellowships will be: Samuel A. Wells, Jr., MD, FACS, St. Louis, MO; George D. Wilbanks, MD, FACS, Chicago, IL; Jonathan L. Meakins, MD, FACS, Montreal, PQ; who are members of the College's Board of Regents, and H. Bryan Neel III, MD, FACS, Rochester, MN, College Treasurer.

During the College's Convocation ceremonies this year, 1,662 surgeons from around the world will be admitted into Fellowship. With a membership of more than 58,000, the College is the largest organization of surgeons in the world. Fellowship in the College is awarded during the ceremonies to

surgeons whose education and training, professional qualifications, surgical competence, and ethical conduct have passed a rigorous evaluation and have been found to be consistent with the high standards established and demanded by the College.

Sir Rickman Godlee, president of the Royal College of Surgeons, was awarded the first Honorary Fellowship in the College during its initial Convocation in 1913. Since then, 354 internationally prominent surgeons—including Drs. Carter, Dexeus, Idezuki, and Tu—have been named Honorary Fellows of the College.

Congress Chronicle

"A matter of the heart and soul and mind"

Daniel C. Elkins, MD, FACS, presented the Address of the President at the 40th Convocation of Fellows, which was held in San Francisco on October 12, 1956. Dr. Elkins reminded the Initiates in attendance that, 43 years after its founding, the American College of Surgeons' chief objective remained "To elevate the standards of surgery and to establish a standard of competency and of character for practitioners of surgery."

Dr. Elkins stated that "the medical student cannot learn too early in his professional education what the ideals of this College are. He cannot be taught

too soon the responsibility and solemnity—I use the word advisedly—of the practice of surgery, that it is a matter of the heart and soul and mind as well as of the hands...No matter where you work, I beg you to remember that the character and future conduct of the students you teach, the younger surgeons with whom you work, will be molded by your conduct and example even more than by your professional ability."

Ceremonies for the 80th Convocation of the American College of Surgeons begin tonight at 8:00 pm in the Esplanade Ballroom of Moscone Center.

Registration totals

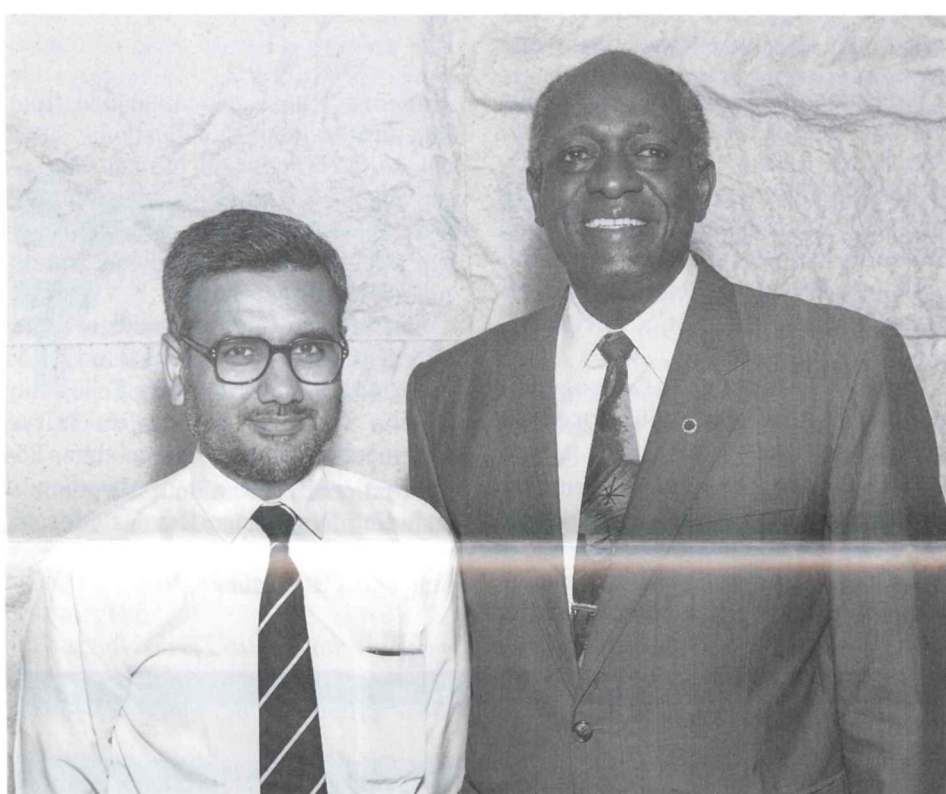
As of Wednesday afternoon, total registration for the Clinical Congress was 15,840. Of that number, 9,833 were physicians and 6,007 were exhibitors, guests, spouses, or convention personnel.



Judah Folkman, MD, FACS (right), receives a presentation copy of the 1996 Owen H. Wangenstein Surgical Forum from Laurence Y. Cheung, MD, FACS, Chairman of the Committee for the Forum on Fundamental Surgical Problems. The 47th volume of the Surgical Forum is dedicated to Dr. Folkman in recognition of his contributions to understanding tumor biology, angiogenesis research, and the education of young surgeons.



The International Relations Committee hosted a luncheon on Tuesday to honor the 1996 International Guest Scholars. From left to right (bottom row): Jerome J. DeCosse, MD, FACS, Vice-Chairman, New York, NY; Phillip James Carson, FRCS(Edin), FRACS, Royal Darwin Hospital, Darwin, Australia; Armando Castillo Crisostomo, MD, University of the Philippines College of Medicine, Manila, Philippines; Toste Th. Lanne, MD, PhD, Malmö University, Malmö, Sweden; Xabier Ander de Aretxabala Urquiza, MD, FACS, University de la Frontera, Temuco, Chile; (top row) Nigel James Bundred, MD, FRCS(Edin&Eng), University Hospital of South Manchester, Manchester, England; Luis Antonio Buonomo, MD, Santa Cruz, Argentina; Guillermo Maximo Carriquiry, MD, Montevideo, Uruguay; and Zafar Nazir, FRCS(Glas&Edin), The Aga Khan University, Karachi, Pakistan, who is the Abdol Islami Scholar.



Dr. Kapoor (left) is welcomed by Olajide O. Ajayi, MD, FACS, IFSC president.

IFSC awards travel grants to attend the Congress

The International Federation of Surgical Colleges, a federation of 48 national surgical colleges and associations, including the American College of Surgeons, awards annual travel grants to young surgeons from the developing world to enable them to attend a major scientific meeting. Awards were made in 1996 to Vinay K. Kapoor, MD, FACS (pictured above), of Lucknow, India, and to Ants

Viiklepp, MD, of Tallinn, Estonia. Both surgeons chose to attend the 1996 Clinical Congress in San Francisco.

The federation's primary activities include the travel grant program, a library support program that provides surgical journals and textbooks to needy medical schools, and the coordination of training programs in countries such as Cambodia, Malawi, and Indonesia.

Program Changes

Multidisciplinary Programs

Thursday morning's program on Genetics and Heredity in Cancer will take place in the Esplanade Ballroom of Moscone Center.

Specialty Sessions

Dr. Nelson H. Goldberg will replace Mack L. Cheney on the Thursday morning Plastic Surgery panel discussion on "Contemporary Management of Soft Tissue Trauma of the Head and Neck."

Allied Meetings

Thursday

Morning

American Society of Colon and Rectal Surgeons—Outcomes Committee
7:00 am - 8:30 am. Breakfast meeting.
Hilton, Bldg. 3, Floor 4, Union Square 2.

Afternoon

American Society of Colon and Rectal Surgeons—Research Committee
12:30 pm - 2:00 pm. Luncheon.
Hilton, Bldg. 3, Floor 4, Union Square 1.

American Society of Colon and Rectal Surgeons—Public Relations Committee
1:00 pm - 2:30 pm. Meeting.
Hilton, Bldg. 3, Floor 4, Union Square 2.

American Society of Colon and Rectal Surgeons—Standards Committee
1:00 pm - 5:00 pm.
Hilton, Bldg. 3, Floor 4, Union Square 4.

American Society of Colon and Rectal Surgeons—Research Foundation Awards Committee
2:00 pm - 4:00 pm. Meeting.
Hilton, Bldg. 3, Floor 4, Union Square 3.

American Society of Colon and Rectal Surgeons—DC&R Editorial Board
4:00 pm - 6:00 pm. Meeting.
Hilton, Bldg. 3, Floor 4, Union Square 9.

Evening

American Society of Colon and Rectal Surgeons—Reception for Dr. Robert Beart
6:00 pm - 7:00 pm. Meeting.
Hilton, Bldg. 3, Floor 4, Union Square 6.

Friday

American Society of Colon and Rectal Surgeons—Executive Council Meeting
3:00 pm - 10:00 pm. Meeting.
Hilton, Bldgs. 1, 2, 3, Ballroom level, Yosemite A.

American Society of Colon and Rectal Surgeons—Executive Council
7:00 pm - 8:00 pm. Dinner.
Hilton, Bldg. 3, Ballroom level, Yosemite B.

ETHICS, from page 1

Dr. Pellegrino resisted the proposition that many leading ethicists advocate, which he said is to abandon all established ethical foundations of medicine and instead define ethical as "what works" or "negotiated individual contracts." Moving in this direction, he believes, is working in concert with the marketplace of medicine.

Instead, Dr. Pellegrino advocated that physicians rebuild on the moral foundation of medicine and healing. Immutable components of this foundation, he said, are that: the patient has been and will always be vulnerable, dependent, anxious, and en-

trapped; the relationship between physician and patient contains an inequality of power and an ineradicability of trust; and the physician invites the patient's trust, and promises to help and be at the patient's service. "A one-to-one relationship—that can't go away," Dr. Pellegrino said.

Finally, Dr. Pellegrino said the virtues inherent in medicine's character, upon which physicians should draw in this time of change, are: benevolence, effacement of self-interest (exemplified in the writings of Dr. Harvey Cushing, he said), compassion, intellectual honesty, prudence, and competence.